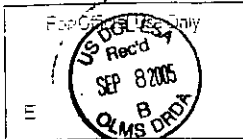


**FORM LM-30**  
**LABOR ORGANIZATION OFFICE**  
**EMPLOYEE REPORT**

This LM-30 Form was mailed  
August 5, 2005 but with  
the wrong Labor Organization  
Number. It should be  
035-287. Please use this  
form. Thank you.

Richard Larkin  
AFTRA

8.16.05



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING



1. File Number U - <u>4889</u>	2. Fiscal Year Covered Fr <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Richard</u> <u>Larkin</u> P.O. Box, Bldg., Room No., if any _____ Street <u>260 Madison Avenue</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10016</u>	4. Name, file number, and address of labor organization. Name <u>American Federation of Television &amp; Radio Artists, NY-Local</u> Labor Organization File Number <u>035-287</u> P.O. Box, Building and Room Number, if any _____ Street <u>260 Madison Avenue</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10016</u>
5. Position in labor organization: <u>Associate Executive Director, House Counsel</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of  
monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name (see attached)

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code + 4 \_\_\_\_\_

7.a. Nature of Interest, Transaction, or Income.

(see attached)

7.b. Amount.

(see attached)

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information  
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the  
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Richard Larkin

On

8/5/05

Date

212-532-0800

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer: any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: **Kauff-McClain and McGuire**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street **950 Third Avenue**City **New York,**State **NY** ZIP Code + 4 **10022**

## 14.a. Nature of payment.

I attended the firm's Christmas party.  
Estimated monetary value of \$25 for  
food and beverage.

13.b. Is the Business an Employer \_\_\_\_\_ or Consultant ☒ ?  
Law firm representing employers

## 14.b. Amount of payment.

Name of Person Filing: Richard Larkin

File No. 035-287

6. & 7.

CBS

1515 Broadway

New York, NY 10036

I had lunch with CBS labor relations personnel on the following days:

1.9.04	Estimated value of lunch \$30
1.23.04	Estimated value of lunch between \$18-30
4.2.04	Estimated value of lunch between \$18-30
7.15.04	Estimated value of lunch between \$30-40
7.19.04	Estimated value of lunch between \$18-30
11.13.04	Estimated value of lunch between \$18-30

WEPN-AM Radio

Penn Plaza, 17<sup>th</sup> Floor

New York, NY 10121

I had lunch with the station general manager and program director on the following days:

2.27.04	Estimated value of lunch \$25
7.9.04	Estimated value of lunch \$40-50
7.22.04	Estimated value of lunch \$25

YES Network

405 Lexington Avenue, 36<sup>th</sup> Floor

New York, NY 10174-3699

I had lunch with human resources persons on the following days:

11.5.04	Estimated value of lunch \$50
12.15.04	Estimated value of lunch \$50